

occurring in adults in consequence of urticaria manifest themselves in the same way in children. The following is offered as a possible explanation: A badly-nourished child with dyspepsia has the well-known wheals of the disease, which at first come and go quickly. After months or years the condition changes—there is itching, but no wheals; instead of the latter there may be papules, excoriations, fissures, or eczematous eruptions. The case is now no longer one of urticaria, but of prurigo. Kaposi also has made the observation that prurigo may develop from urticaria which has lasted one or two years. Comby does not think that teething has an especially unfavorable influence upon the disease, nor even scrofula. Disorder of the stomach in the form of weakness of digestion has been regarded as an efficient cause by several writers. Prophylaxis will consist in the adoption of a suitable diet, and since breast-fed children seldom suffer with urticaria, Comby suggests for those who are deprived of this source of nutrition a carefully regulated milk diet, suitable to the age of the patient. Meat, cereals with difficultly-digestible coverings, and alcoholic stimulants should be rigorously avoided. Over-feeding must be carefully guarded against, as this will conduce to dilatation of the stomach and dyspepsia. Sterilized milk will furnish the most appropriate nourishment. In addition the intestinal canal can be made aseptic by the suitable use of naphthol and strychnine, two centigrammes of the former being given every two hours, and two milligrammes of the latter daily. Local treatment should also be carefully provided for. Baths or local applications containing one part of vinegar and three of water, have been recommended but are not always efficient. Better treatment will consist in the daily inunction of a mixture containing one or two parts of tartaric acid and forty of vaseline. Cod-liver oil may also be used, both externally and internally.

REPORT ON THE EXAMINATION OF ONE HUNDRED BRAINS OF FEEBLE-MINDED CHILDREN.

A. W. WILMARTH, M.D., presents a careful study in the *Alienist and Neurologist*, 1890. The 100 cases given may be summarized as follows: Sclerosis with atrophy, 12; sclerose tubereuse, 6; diffuse sclerotic change, 7; degenerative changes in vessels, ganglionic cells, or medullary substance, not constituting true sclerosis, 15; hydrocephalic, 5; general cerebral atrophy, 2; non-development in various forms, 16; infantile hæmorrhage, 1; extensive adhesion of membranes from old meningitis, 3; angiomatous condition of cerebral vessels (with degenerative changes), 1; glioma (with sclerosis), 1; porencephalous (with non-development), 1; of thirty-one cases where actual disease or imperfect development of the brain proper was not demonstrated, there was hypertrophy of the skull, 6; acute softening (recent), 2; demi-microcephalic, 2; when the brain was above usual weight, but the convolutions large and very simple in their arrangement, 2.

The average weight of the brain was 38.3 ounces, but in fourteen cases the weight was below 30 ounces.

Attention is called to the comparatively large number of cases of actual cerebral disease, in contrast with the relatively small number where imperfect development seems the causative agent of the mental defect. With this

fact, we see a corresponding improbability of a large majority of these cases ever attaining a full mental development. Children inheriting inactive brain from parents below the usual average of intelligence, without history of infantile disease or epilepsy, seem the most promising of general and permanent improvement.

The brain diseases of infancy are peculiarly destructive, and not only leave a permanent injury to the brain, preventing its growth and development, but are liable, from the irritation they leave, to kindle the epileptic habit with its destructive effects.

ELEMENTARY CONSIDERATIONS CONCERNING THE TREATMENT OF SUPPURATION IN CAVITIES WITH FIRM WALLS.

In the discussion of KÜSTER'S (*Jahrb. f. Kinderheilk.*, xxxi. 1, 2) paper before the Berlin Medical Society the following points were elicited :

Senator considered the question of incision of the thorax in empyema occurring in small children. Such a procedure might occasionally be indicated, but not so urgently as in adults. The result of this disease in children was frequently favorable without incision, the pus finding exit through the bronchi. Puncture alone without irrigation frequently led to a cure. Incision at a late period, if necessary, would give no worse result than an early operation. Puncturing might be tried twice, or oftener, before resorting to incision.

Henoch could recall only two or three cases in which empyema in children following scarlet fever was cured by puncture. In all other cases incision was indicated. Bouchut had punctured the thorax twelve times in one case, and such a course could not be recommended. Hectic fever was an urgent indication for incision, and this procedure should be practised after one or two ineffectual punctures, even if fever were absent. Urgent dyspnœa was a warning that incision must not be deferred. Henoch had usually resected one or two ribs in addition to incision, and with satisfactory results. With phthisical children the operation should not be performed. Cases of this character in which he had operated had resulted badly.

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